

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010757 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/17/2013 |
| NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF VALPARAISO | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: October 17, 2013</p> <p>Facility number: 010757 Provider number: 010757 AIM number: N/A</p> <p>Survey team: Heather Hite, RN, TC Caitlyn Doyle, RN Regina Sanders, RN</p> <p>Census bed type: Residential: 55 Total: 55</p> <p>Census payor type: Private: 55 Total: 55</p> <p>Sample: 7 Supplemental sample: 2</p> <p>Sterling House of Valparaiso was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey.</p> <p>Quality Review 10/18/13 by Lisa McColly</p> | R 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE